Early Hearing Loss

Primary Defect

Hearing loss, present at birth, may be unilateral or bilateral, and range from mild (hard of hearing) to profound (deaf).

Screening Test

Two types of electrophysiologic procedures are used to screen newborns: auditory brainstem response testing (ABR) and otoacoustic emission testing (OAE).

Etiology & Prevalence

- Genetic (syndromic or nonsyndromic), or Environmental
- Occurs in about 3 in 1,000 births, (Washington State 80-239 births/yr)
- Most frequently occurring birth defect

If Untreated

Hearing loss interferes with the ability to communicate with others. It negatively impacts speech and language acquisition, academic achievement, and social and emotional development, resulting in lower educational and employment levels in adulthood.

Therapy

- **Auditory-Verbal Approach:** Once the child has appropriate amplification (hearing aids or cochlear implants), child is taught to listen in a natural environment.
- **Bilingual-Bicultural Approach:** American Sign Language is used and English is taught as a second language through reading and writing. Emphasis is placed on the deaf culture.
- **Cued Speech:** Hand shapes and lip reading are used to communicate.
- **Oral Approach:** Requires child to use spoken language and face-to-face communication once the child has appropriate amplification devices.
- **Total Communication:** Combination option using any of the above methods of communication.

With Treatment

- Speech and language skills, school achievement, self-esteem, and psychosocial adaptation improve.
- Children who receive intervention by six months of age maintain language development commensurate with their cognitive abilities through the age of 5 years.

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